2004 Savage Group Site Campground Reservation Form

GROUP NAME (CONTACT PERSON
ADDRESS WHERE TO SEND CONFIRMATION AND TICKETS:	
RETURN PHONE #:	RETURN FAX #:
CREDIT CARD #:	EXP. DATE:
	AME AS PRINTED ON CARD NATURE REQUIRED BELOW ***
THE ENTRANCE FEE IS VAL ENTRANCE FEES: \$5.00 CANCELLATIONS MUST BE MADE PRIOR TO S	E FEE WILL BE CHARGED TO YOUR RESERVATION. JID FOR SEVEN CONSECUTIVE DAYS. PER PERSON \$10.00 PER FAMILY 5:00 PM ALASKA TIME; A \$4.00 NON-FEFUNDABLE FEE LL CANCELLATIONS AND CHANGES.
0110 01 011111 110 0111111 111 111	E SAVAGE RIVER CAMPGROUND AT MILE 12 LE FOR GROUP CAMPING: A, B, AND SITE 34 S APPLY:
 MAXIMUM GROUP SIZE IS 20. M OVERNIGHT CAMPING IS LIMING SEASON. NO MORE THAN 7 CONSECUTE 	ITED TO 14 TOTAL NIGHTS IN ANY ONE OPERATING
CAMPSITE REQUESTED: (A, B or 34) 1ST	2ND 3RD
BEGINNING DATE OF STAY:	NUMBER OF NIGHTS:
# OF CAMPERS:	# OF VEHICLES:
IS THIS GROUP CONDUCTED AS PART OF A COMMERCIAL TOUR?	
IF YES, NAME OF COMMERCIAL TOUR OPERATOR:	
DO YOU HAVE AN INCIDENTAL BUSINESS PERMIT (IBP) FOR THIS ACTIVITY?	
IBP NUMBER:	
SAVAGE GROUP SITES. INFORMATIO	IS REQUIRED FOR COMMERCIAL USE OF THE ON AND IBP APPLICATIONS ARE AVAILABLE AT: AKSO/CONCESSIONS/HOME/HTM
ABOVE NOTED CREDIT CARD FOR P.	VE CANCEL/CHANGE POLICY. I APPROVE USE OF MY PAYMENT OF MY REQUESTED RESERVATION. PROCESS ANY RESERVATION REQUESTS
CARDHOLDERS SIGNATURE:	DATE: